

Town of Camp Verde Youth Advisory Council Application

A youth organization sponsored by the Town of Camp Verde for the shaping of the Town and community events. This is a partnership of the Camp Verde Community Library, Parks & Recreation, and Economic Development for the purpose of investing in Camp Verde's youth and helping young leaders bring their vision to life.

Name:		Phone:		
Address:				
City:		State:		
E-mail Address:		Age	e:Grade:	
Food Allergy:				
1. Why do you want to be a	part of the Youth Advisory (Council?		

Zack Garcia
Camp Verde Community Library - Teen Librarian
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2.	Memb	Members are required to:		
	a.	Attend YAC meetings regularly		
	b.	Represent YAC at Town Council meetings (when applicable)		
	c.	Participate on service and work projects, planning, and regular activities		
	d.	Participate in out-of-Town field trips		
		Do you have the time and commitment level to be a Member?		
3.	Will y	ou have the necessary access to transportation to local meetings and events?		
4.	List cu	arrent commitments and activities that require your attention.		
5.	How v	vill you contribute to the success of the Youth Council?		
6.	What i	is a question you would expect or liked to be asked during the interview process?		
7.	What i	is your vision for Teen programs in Camp Verde?		
8.	Tell us	s something interesting about yourself.		

Rate yourself in the following areas on a Scale of 0 - 5 (5 = Best).

Public Speaking / Presentation Skills	Community Service Satisfaction with Friends / Social Life			
Leadership Skills				
Role Model	Making a Positive Difference in Camp			
Public Relations	Verde			
Team-player	Community Service			
Self-Confidence	Interest in Community			
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I verify all information is true and a				
I understand there will be an interview process, and that if accepted, I will serve as a				
representative of the Town of Camp Verd				
I understand that the expectations include good moral character, regular participation and field trips, and no out-of-pocket cost.				
1 /				
Signature:	Date:			
Consent from a Parent/Legal Guardian is required	d.			
Name:	Date:			
Signature:				
Phone:E-mail Ad	ldress:			

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